

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s) MARC BROWN	
II. Name of lobbyist's partnership, firm or corporation, if any:	
NEW ENGLAND RATE PATIENTS ASSOCIATION (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	
Po Box 542 PowerD NH 03302 Business Address: (Street) (Town/City) (State) (Zip Code)	
Business Address: (Street) (Town/City) (State) (Zip Code)	
(Fax) 369-430/ (Telephone) (Fax) e-mail Marca neratepayer	5.0
111. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).	
All reportable transactions occurring in the months prior to the reporting date relative to the following client:	
Now England Ruterayers Association (Vull Name of Client as it appears on the Lobbyist Registration Form)	
(Full Name of Client as it appears on the Lobbyist Registration Form) OR	
reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to-any particular client.	
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 April 25, 2018 July 25, 2018 activity from 4/1/18 to 6/30/18	
October 31, 2018	
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendum A − Fees and Expenses	
If you have paid an honorarium or reimbursed expenses, you must file Addendum B — Report of Honorariums or Expense Reimbursement	
☐ If you, your firm, or your family has made political contributions, you must file Addendum C − Political Contributions	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	,
10/29/18	
(Signature of lobbyist) MACT Srown RECEIVED	
(Print Name of lobbyist)	1

NEW HAMPSHIRE DEPARTMENT OF STATE